Mood Disorders

Mood Disorders

- Major Depressive Disorder
- Bipolar Disorder (I, II and NOS)
- Dysthymic Disorder
- Substance-induced Mood Disorder
- Mood Disorder due to Medical Condition
- Depressive Disorder NOS
- Cyclothymia
- (really considered syndromes vs. diseases)

Prevalence of Major Depression

- 10-14 Million Americans in any year
- Lifetime Prevalence of 15-17%
- Lifetime Prevalence women 25% men 12%
- During their lifetime, 1 in 8 persons require treatment for major depression; Only 1/3 to 1/2 of these are treated.

Risk Factors for Major Depression

- Gender: Twice as Likely in Women
- Age: Peak Age of Onset is 20-40 Years
- Family History: 1.5-3 Times Higher Risk
- Marital Status:

  Higher Rate for Widowed/Div/Sep

  Married Females have higher rate than Never Married

Natural Course of Untreated Depression

- Most Untreated Episodes last 6-24 Months
- In 2/3 of cases, symptoms remit completely
- In the remaining 1/3 of cases:

5-10% Untreated Last More than 2 Year

20-25%, Recovery is Partial

Natural Course of Depression

- Studies of Untreated Depression at 1 Year Follow-up:

  - 40% Stay Depressed

  - 40% Recover

  - 20% Partially Recover or Develop Dysthymic Disorder

Incidence of Recurrent Major Depression

- Most Depressed Patients will have at least one subsequent episode
- Even when treated, Risk of Recurrence Is:
  - 50% after 1 Episode
  - 70% after 2 Episodes
  - 90% after 3 Episodes
- First Episode is more likely to be associated with a stressful life event.

Major Depression: DSM-IV Criteria

- Depressed Mood/Anhedonia
- Major Change in Appetite or Weight
- Insomnia or Hypersomnia
- Psychomotor Agitation or Retardation
- Fatigue or Loss of Energy
- Feelings of Worthlessness or Excessive Guilt
- Diminished Concentration
- Recurrent Thoughts of Death or Suicide
- DSM requires 2 weeks duration with at least five symptoms and depressed mood or anhedonia

Atypical Presentations of Depression

- Capacity to be Cheered Up (Mood Reactivity)
- Overeating/Weight Gain
- Hypersomnia
- Heavy Limb Sensation
- Extreme Sensitivity to Interpersonal Rejection

(More likely to respond to MAOI or SSRI vs TCA)

Depression with Melancholic Features

- Melancholic Features
- Anhedonia or lack of reactivity to pleasurable stimuli
- Three or more:

  Distinct quality Anorexia/wt loss

  Worse in am Excessive guilt

  Early morning awakening

  Psychomotor retardation

(May make patient a good candidate for Electroconvulsive Therapy)

MDD with Psychotic Features

- MDD with Psychotic Features (delusions or hallucinations)
- Poor prognostic indicator
- Mood congruent: personal inadequacy, guilt, disease, death, nihilism, deserved punishment
- Mood incongruent: persecutory delusions, thought insertion, thought broadcasting, delusions of control

Bereavement

- Diagnosis of Depression Usually Not Made Unless Symptoms Still Present after 2 Months or if uncharacteristic symptoms are present.
- Uncharacteristic Symptoms:
  - Excessive Guilt
  - Hallucinations
  - Thoughts of Death
  - Morbid Preoccupation with Worthlessness
  - Psychomotor Retardation
  - Marked Functional Impairment

Manic Episode

- One Week Period (or hospitalization) of Abnormally Elevated, Expansive, or Irritable Mood :

  -Grandiosity -Pressured Speech

  - Decreased Need for Sleep

  - Flight of Ideas; Racing Thoughts

  - Distractibility

  - Increase in Goal-directed Activity

  - Excessive Involvement in Pleasurable Activities

(Hypomania similar criteria with 4 day duration and no impairment in social or occupational functions and NO PSYCHOTIC FEATURES)

DSM requires three symptoms for mania/hypomania (4 if mood is irritable)

Necessary Clinical Information

- History of Substance Abuse
- History of Medical Illness
- Current or Prior SI/SA
- Family History
- Psychotic Symptoms
- History of Previous Depression, Mania or Hypomania

Dysthymic Disorder

- Previously called “Depressive Neurosis”
- Chronic depression for at least 2 Years with 2 or more of the following:
  - Poor appetite or overeating
  - Insomnia or Hypersomnia
  - Low Energy or Fatigue
  - Low Self Esteem
  - Poor Concentration -Hopelessness

Depressive Disorder NOS

- Premenstrual Dysphoric Disorder
- Minor Depressive Disorder
- Recurrent Brief Depressive Disorder

Cyclothymic Disorder

- At least 2 Years of numerous hypomanic episodes and numerous depressive episodes that do not meet criteria for Major Depressive Episode or Manic Episode

SIG E CAPS

- Sleep Disturbance
- Interest Waning
- Guilt
- Energy
- Concentration
- Appetite
- Psychomotor Retardation
- Suicide/Suicidal Behavior

Genetic Factors

- 50% of Bipolar I pts have at least one parent with a mood disorder, esp MDD
- If one parent has Bipolar I Disorder, 25% chance that any child will have a mood disorder
- Adoption studies support genetic factor
- Bipolar I and Chromosome 11?(Probably not). Genetic markers have been reported on chromosome 5, 11, 18. Must interpret data with caution!
- Genetic Role most important for Bipolar I

ETIOLOGY

- Neurotransmitters: Norepinephrine, Serotonin, Dopamine
- Neuroendocrine regulation- 50% of depressed patients fail to have normal cortisol suppression response on Dexamethasone-Supression Test (so do many other psych disorders). In this test 1 mg of Dexamethasone is given at 11 pm. Plasma cortisol is then measured at 8am, 4 pm, 11pm the following day. Cortisol above 5 microgram/dl is abnormal or “nonsupression.”
- Kindling- mood disorders may involve kindling in the temporal lobes
- Antidepressant response has been coorelated with down regulation of Beta Adrenergic Receptors
- Low Serotonin may precipitate depression
- Low CSF 5-HIAA associated with suicidality and depression.
- Other possible culprits-Amino Acid neurotransmitters, GABA, Neuroactive Peptides (Vasopressin), Endogenous Opiates, Hormonal (adrenal, thyroid, or growth hormone)
- Neuroanatomy implicated-limbic system, basal ganglia, hypothalamus

Sleep Abnormalities

- Delayed sleep onset
- Shortened REM latency
- Increased duration of 1st REM period
- Abnormal delta sleep
- Initial and terminal insomnia
- Multiple awakenings
- Hypersomnia

Neuroimaging

- Inconsistent findings
- Male Bipolar I: enlarged ventricles
- MDD: ventricular enlargement much less common except in MDD with psychotic features
- Neurological disorders of basal ganglia and limbic system present with depression
- MRI in patients with MDD significant for smaller caudate nuclei and frontal lobes vs. control (one study)
- MRI in patient with Bipolar significant for increased amount of deep white matter lesions (one study)

Psychosocial Factors

- Life Events/Environmental Stress
- Life event most ass. With later depression is loss of parent before age 11.
- Environmental stress most ass. Is loss of a spouse
- Personality: O-C, Dependent, Histrionic

Thoughts for individual study (Exam Questions?)

- Can a patient have a manic and major depressive episode at the same time?
- What is a “seasonal pattern”, “catatonic features”, “postpartum onset,” and “rapid cycling”?
- How would psychodynamic, interpersonal, and cognitive behavioral therapists differ in their conceptualizations and views of treatment for depression?
- What are side effects/interactions (especially life threatening) of SSRIs, TCAs, MAOIs and Mood Stabilizers (Lithium/Valproic Acid, Carbamazepine)?
- What are personality disorders and what do they have to do with mood disorders?